



ANCHORAGE OFFICE  
561 E 36 AVE, STE 120  
ANCHORAGE AK 99503



### DIRECT DEPOSIT AUTHORIZATION FORM

Please check all that apply:

- New
- Change
- Cancel

I hereby authorize Leisnoi, Incorporated to initiate credit entries to my bank account. I also authorize Leisnoi to initiate, if necessary, debit entries and adjustment for any credit entries made in error to my depository account specified below. Leisnoi, Inc. reserves the right to discontinue direct deposit payments at any time due to system failures or any incidents beyond the control of the company. I also understand if for unforeseen reason the deposit does not post, we will resolve within 14 business days or a check may be issued during this time.

Please check one:

- Checking
- Savings

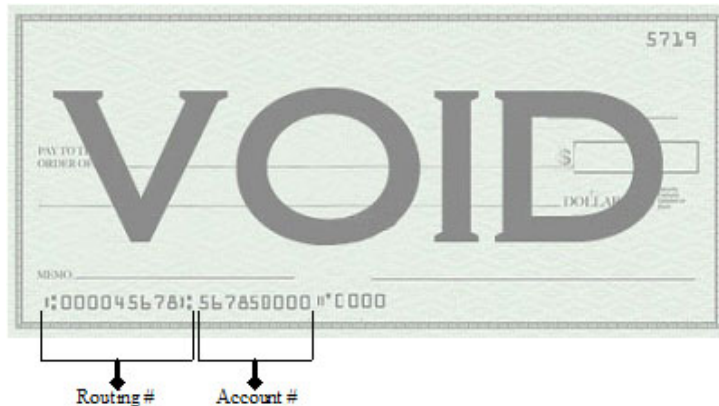
Bank Name: \_\_\_\_\_

Bank Account#: \_\_\_\_\_

Routing #: \_\_\_\_\_

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Attach a voided check here:



SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

By my signature, I authorize and request Leisnoi, Inc. to enter the listed above information into my records. This information will remain in effect until I inform Leisnoi, Inc. or cancellation in writing.



907-222-6900



907-222-6955



info@leisnoi.com



www.leisnoi.com